## RUN DATE OF REPORT: 08/14/2003 OSCAR REPORT 3 LAST FILE UPDATE: 08/13/2003 PAGE: 1

HISTORY FACILITY PROFILE

GARDEN TERRACE ALZHEIMERS

PROVIDER #: 465139 FACILITY BEDS

1201 EAST 4500 SOUTH

PHONE NUMBER: (801) 261-3664

SALT LAKE CITY UT 84117

STATE'S REGION CODE: 001

PROVIDER #: 465139 FACILITY BEDS

TYPE ACTION: RECERTIFICATION

TOTAL: 120

TYPE OWNERSHIP: FOR PROFIT - PARTNERSHIP

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 06/11/2003	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 54
TOTAL: 36 MEDICARE: 29	ADMISSION SUSPENDED:	18 18/19 19 ICF/MR
MEDICARE: 29 MEDICALD: 0 OTHER: 7	SUSPENSION RESCINDED:	54
CURRENT SURVEY REVISIT DATES - NONE		
PRIOR 3 S/S PRIOR 2 S/S PRIOR 1 S/S SURVEY CODE SURVEY CODE SURVEY COD 01/2001 02/2002 07/2002		4 REQUIREMENTS
X D X B	~	4 OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC AIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
Х В Х В	REQ F0287-RESIDE	INT ASSESSMENT AUTOMATED DATA PROCESSING
X E	~	AIDE REGISTRY VERIF/MULTISTATE REG VERIF
EDITION OF LSC APPLIED 85 NEW 85 NEW 85 NEW PRIOR 3 PRIOR 2 PRIOR 1 CURRENT	PLAN/DATE	
SURVEY SURVEY SURVEY OF 01/2001 02/2002 07/2002 06/19/2003	F CORRECTION LSC DEFICIENCIES - BI	LDG NO. 01
x x	K0029-HAZARDOUS AREAS K0038-EXIT ACCESS 08/12/2003 K0050-FIRE DRILLS K0056-AUTOMATIC SPRIN	
X	K0062-SPRINKLER SYSTE	EM MAINTENANCE

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT COP = CONDITION REQ = REQUIREMENT

K0072-FURNISHING AND DECORATIONS

K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	0	2	2	1
HEALTH TOTAL	0	2	2	1
LIFE SAFETY CODE	3	1	2	3
LIFE SAFETY CODE + HEALTH	3	3	4	4

08/12/2003

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## COMPLAINT SURVEY INFORMATION

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SURVEY DATE	STATUS
08/17/2000	UNSUBSTANTIATED
09/28/2000	UNSUBSTANTIATED
11/20/2001	UNSUBSTANTIATED
07/29/2002	SUBSTANTIATED

FMS SURVEY INFORMATION

 $^{\star}$  NO FMS SURVEYS FOR THIS FACILITY